



## ECTS - EUROPEAN CREDIT TRANSFER SYSTEM STUDENT APPLICATION FORM - FREEMOVERS

Programme of Student Mobility Support  
(Please take in account that the conditions of the Programme must be followed)

(Photograph)

Academic year:	YYYY/YYYY
Field of Study:	

### I. SENDING INSTITUTION

University, faculty:	Brno University of Technology
Address:	
Coordinator responsible	
Name:	
Contact e-mail, telephone:	

### II. RECEIVING INSTITUTION

University, faculty:	
Address:	
Coordinator responsible	
Name:	
Contact e-mail, telephone:	

### III. STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:		First name(s)	
Date & Place of Birth:	DD/MM/YYYY in .....	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact e-mail, telephone:			
Current address:			
Permanent address (if different):			

### IV. MOTIVATION LETTER (if requested)

Briefly state the reasons why you wish to study abroad

### V. LANGUAGE COMPETENCE

No.	Language	Currently studying	Sufficient knowledge to follow the study programme	Extra preparation needed
1		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

### VI. PREVIOUS AND CURRENT STUDY

Study years prior to departure for this mobility:	
Degree currently pursued:	Bachelor/Master/Ph.D.
Previous study abroad:	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, which institution:
Name of the sending institution	Brno University of Technology
Date, signature and stamp of sending institution	

### VII. APPROVAL OF THE RECEIVING INSTITUTION

**The receiving institution hereby acknowledges receipt of this application.**

**The above-mentioned student is**

1. Provisionally accepted at our institution
2. Not accepted at our institution

Date:	DD/MM/YYYY
Name of receiving institution:	
Name and function of the representative:	
Signature:	Stamp of institution